

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/17/2000

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90036 020 \*\*\*150.00

**DOCUMENT # P99000078458**

1. Entity Name  
**CONCOURSE AEROSPACE CORPORATION**

Principal Place of Business 2300 NW 55TH COURT FORT LAUDERDALE FL 33309	Mailing Address 2300 NW 55TH COURT FORT LAUDERDALE FL 33309-2736
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 05-0950193	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOOMAR, L. GREGORY ESQ**  
**1152 NORTH UNIVERSITY DRIVE**  
**PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name **EDUARDO MARQUEZ**  
 Street Address (P.O. Box Number is Not Acceptable) **1705 East Broward Blvd**  
 City **FT LAUDERDALE FL** Zip Code **33301**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE **4/17/2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MARQUEZ, EDUARDO</b> <b>2300 NW 55TH COURT</b> <b>FORT LAUDERDALE FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1705 E. Broward Blvd.</b> <b>FT. Lauderdale, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **4/3/00** Daytime Phone # **954-520-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (9/99)